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CONFIRMATION NO. 4662

<b>SERIAL NUMBER</b> 09/978,333	<b>FILING OR 371(c) DATE</b> 10/15/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> 1655	<b>ATTORNEY DOCKET NO.</b> YU 132 (OCR 653)	
<b>APPLICANTS</b> Peter M. Glazer, Guilford, CT; <b>** CONTINUING DATA *****</b> This application is a CIP of 09/411,291 10/04/1999 PAT 6,303,376 which is a DIV of 08/476,712 06/07/1995 PAT 5,962,426 <b>** FOREIGN APPLICATIONS *****</b> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 11/15/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Chen</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 25	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> 23579					
<b>TITLE</b> Triple-helix forming oligonucleotides for targeted mutagenesis					
<b>FILING FEE RECEIVED</b> 480	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		